

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590060

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
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41				1		
42				1		
43		1		1		
44		3		1		
45	1			1		
46	1		1			
47		1		1		
48		2		1		
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						